

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/22/2012
FORM APPROVED
OMB NO. 0938-0391

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|--|---|--|--|---|---|--|----------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155115 | | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | | X3) DATE SURVEY COMPLETED 01/31/2012 | |
| NAME OF PROVIDER OR SUPPLIER CARDINAL NURSING AND REHABILITATION CENTER | | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1121 E LASALLE AVE SOUTH BEND, IN 46617 | | | |
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| F0000 | <p>This visit was for the Investigation of Complaints IN00103260 and IN00102338.</p> <p>Complaint IN00102338 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00103260 - Substantiated. Federal/state deficiencies related to the allegations are cited at F441.</p> <p>Survey date: January 31, 2012</p> <p>Facility number: 000048 Provider number: 155115 AIM number: 100275330</p> <p>Survey team: Sandra Haws, RN TC Susan Bruck, RN</p> <p>Census bed type: SNF/NF: 104 Total: 104</p> <p>Census payor type: Medicare: 10 Medicaid: 76 Other: 18 Total: 104</p> <p>Sample: 5</p> | | | F0000 | <p>The creation and submission of this plan of correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation.</p> | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| | <p>Supplemental sample: 11</p> <p>This deficiency also reflects state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed 2/6/12 by Jennie Bartelt, RN.</p> | | | | | | |

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| F0441 SS=E | <p>The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>Based on observations and interviews, the facility failed to ensure soiled bedpans and washbasins were emptied, sanitized, identified by resident and stored in a clean</p> | F0441 | <p>The creation and submission of this plan of correction does not constitute an admission by this provider of any conclusion set forth in the statement of</p> | | 03/01/2012 | | |

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| | <p>environment. The facility also failed to ensure oxygen tubing was stored in a clean environment. The facility also failed to ensure soiled gloves, trash and soiled linen was properly disposed of. The deficient practice affected 5 of 5 residents in a sample of 5 and 11 of 11 residents in a supplemental sample related to infection control. (Resident's # B, # E, # F, # G, #H, #J, # K, # L, # M, # N, # O, # P, # Q, # R, #S and # T)</p> <p>Findings include:</p> <p>During a tour of resident rooms on 1/31/12 at 9:20 am accompanied by the Housekeeping Manager #2 the following was observed.</p> <p>1. Resident # E and # F shared a room . The resident's closet was shared by both residents' and was observed to have a wash basin on the closet floor with a bedpan half filled with urine sitting on top of it. The resident's bathroom was observed to have another bedpan sitting in soiled toilet water filled with stool and urine in the toilet water.</p> <p>2. Residents # J and # K shared a room. The bathroom was also shared by 2 other residents in another adjoining room. The bathroom floor was observed to have a wash basin unbagged on the bathroom</p> | | <p>deficiencies, or of any violation of regulation.</p> <p>It is the practice of this provider to establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p><i>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</i></p> <p><i>Resident #B,# E,# F,# G,# H,# J,# K,# L,# M,# N,# O,# P,# Q,# R,# S and #T – all specifically identified issues and findings were corrected immediately. None of the residents noted above experienced a negative outcome as a result of this finding.</i></p> <p><i>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken:</i></p> <p>Any resident requiring the use of a wash basin, bedpan, urinal or oxygen equipment has the potential to be affected by this finding. A facility wide inspection of all resident rooms, bathrooms and closets will be completed to ensure that there are no soiled bed pans, urinals or used gloves on the floor, resident closets or resident bathrooms and that any resident requiring the use of oxygen and respiratory equipment have all equipment and supplies</p> | | | | |

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| | <p>floor. The basin could not be identified as to whom it belonged to. The basin was not labeled or put in a bag with a label. Resident # J's oxygen tubing was observed on the floor unbagged. The Housekeeping Manager indicated the oxygen belonged to Resident # J and should not have been on the floor, but in a plastic bag. She indicated that is how she usually sees it stored when not in use.</p> <p>3. Residents # L and # M shared a room. The room was observed to have 2 wash basins on the closet floor unbagged or unidentified. There were 2 wash basins on the bathroom floor unbagged and unidentified. The resident's shared a bathroom with 2 other residents in an adjoining room. The Housekeeping Manager stated "how can the staff identify who's basin is who's?"</p> <p>4. Residents # B and # N shared a room. The resident's floor was observed to have a pair of soiled gloves on the floor next to the waste basket. A bedpan was observed on the bathroom floor soiled with dried yellow urine. There were 4 wash basins stacked on the bathroom floor. The bathroom was shared by 4 residents. The Housekeeping Manager # 2 indicated staff wouldn't know what basin to use on what resident since they're not identified or put away.</p> | | <p>properly stored per facility policy . This Nurse Management Team and Housekeeping Supervisor and/or designee will be responsible for conducting this inspection.</p> <p><i>What measures will be put into place or what or what systemic changes will be made to ensure that the deficient practice does not recur:</i></p> <p>A mandatory in-service of nursing department employees will be held on 2/21/12. This in-service will include review of the facility policy related to proper handling, storage and sanitizing of bedside personal equipment. This in-service will also include review of the facility policy related to proper storage of oxygen supplies and equipment. The ED/DNS or designee is responsible for conducting this in-service. It is the responsibility of the Certified Nursing Assistants and Licensed Supervisory staff to ensure bedside personal equipment, oxygen equipment and supplies are cleaned and stored in plastic bags and that soiled gloves are disposed of properly in the trash cans. The Department Heads and Nurse Management Team or designee will conduct twice daily customer care rounds of common areas and resident rooms. Any identified issues will be addressed at the time noted.</p> <p><i>How the corrective action will be monitored to ensure the deficient practice will not recur</i></p> | | | | |

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| | <p>5. Residents # O and # H shared a room. The resident's room was observed to have a pair of soiled gloves on the floor. A wash basin was observed on the resident floor, unidentified or bagged.</p> <p>6. Residents #R and # S shared a room. The resident's bathroom was observed to have a wash basin on the floor unbagged or identified as to which resident it belonged to.</p> <p>7. Residents # P and # Q shared a room. The resident's room was observed to have a large bag of soiled linen sitting on the floor in the resident's room. The Housekeeping Manager indicated the soiled linen should have been taken to the soiled utility room and not left on the resident's floor.</p> <p>During an interview with the Director of Nursing on 1/31/12 at 10:30 a.m. regarding the unidentified wash basins on the floor, the bedpan with urine in the resident's closet she indicated they shouldn't have been on the floor. The basins were to be cleaned, bagged and put in the residents bedside drawer. The Director of Nursing indicated the facility did not have a policy to indicate how bedpans and basins should be cleaned and stored.</p> | | <p><i>ie., what quality assurance program will be put into place:</i> To ensure ongoing compliance with this corrective action, the DNS/designee will be responsible for completion of the CQI Audit Tool titled, "Infection Control Monitoring Tool" daily for a period of 6 months. In addition, the Department Heads and Nurse Management Team or designee will conduct twice daily customer care rounds on different shifts of common areas and resident rooms. Any identified issues will be addressed at the time noted. If threshold of 90% is not met, an action plan will be developed. Findings will be submitted to the CQI Committee for review and follow up.</p> <p><i>By what date the systemic changes will be completed:</i> Compliance Date = 03/01/12</p> | | | | |

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| | <p>During an interview with CNA # 3 on 1/31/12 at 11:40 a.m. she indicated she was the CNA that was assigned to Residents # E and # F's room and indicated she was not aware who put the urine in the closet. She further indicated she left the bedpan in the toilet water. CNA # 3 was queried about how the bedpans should be cleaned, she indicated she rinses it in the toilet water and then puts soap on it and takes a paper towel to wipe it then stores it in a bag. CNA # 3 indicated the bedpans are not sanitized. CNA # 3 also indicated when there are 4 resident's who share a bathroom and there are several basins or bedpans on the bathroom floor, you wouldn't know who they belonged to.</p> <p>8. Residents #G and #T shared a room. The residents bathroom was observed to have a toilet riser with arm rests. Hooked on to the arm rest of the toilet riser was a urinal The floor of the urinal was wet with yellow urine. Under the bathroom sink, sitting on the floor, were 3 unbagged wash basins, 1 emesis basin wrapped in a clear bag, soiled gloves, as well as a waste basket overflowing with trash. The waste basket's liner had been tied and trash was on top of the tied liner over flowing onto the floor.</p> | | | | | | |

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| | This federal tag relates to Complaint # IN00103260 3.1-18(b)(2) | | | | | | |